

CHAPTER 15

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CHAPTER 15

MEDICAID WAIVERS AND PASRR

15.1 PASRR RELATIONSHIP TO MEDICAID WAIVERS

The following supplements procedures given in Chapter 7 of this Manual. Medicaid Waiver Services are those specific in-home and community-based services available for Medicaid reimbursement only under a federally approved "waiver" of certain federal regulations.

PASRR applies to:

- a) Indiana's "Aged and Disabled (A&D) Waiver;"
- b) Indiana's "Medically Fragile Children's (MFC) Waiver;" and
- c) Indiana's "Traumatic Brain Injury (TBI) Waiver;"

two (2) of Indiana's Medicaid Waivers which provide services to aged adults and persons with disabilities who would otherwise require the level of services provided in a NF.

In addition, the ICF/MR and Autism Waivers require a complete PASRR PRIOR to NF admission and do not qualify for the "freedom of choice" provision to enter a NF.

Recipients of these Waivers must be given the "choice" between receipt of Medicaid Waiver services or admission to a NF. Therefore, he or she must meet all requirements for NF placement.

NOTE: As always, the NF must not admit any applicant without IPAS and/or PASRR approval for NF temporary or long-term admission.

15.2 GENERAL ELIGIBILITY REQUIREMENTS

For general instructions, also review Chapter 7 of this Manual. Medicaid Waiver eligibility requires that the individual must be:

- a) eligible for Medicaid; and
- b) at risk of institutionalization (in the absence of Medicaid Waiver services).

The criterion of "at risk of institutionalization" means that the individual must, but for utilization of the Medicaid Waiver service(s), meet all requirements for NF admission and residency. An individual who qualifies for the Medicaid Waiver must be given a choice to accept the Medicaid Waiver service(s) or be admitted to a NF.

15.3 PASRR REQUIRED

IPAS program requirements must be met when an individual applies for Medicaid Waiver services. PASRR requirements, however, do not apply until the time that the recipient chooses placement in a NF.

PASRR criteria, applied at the time that NF placement is chosen, includes:

- a) the entire Level II assessment and determination, if needed, completed PRIOR to NF admission; or
- b) temporary admission under PASRR Exempted Hospital Discharge, PASRR Respite or PASRR APS categorical determination, if all requirements are met.

Both the selected NF and the Waiver case manager have responsibilities for NF admission of Medicaid Waiver recipients.

15.3.1 NF Action

Often the NF will be the first entity to identify that an applicant is on a Medicaid Waiver. The NF should:

- a) ask the applicant or legal representative when completing or reviewing the IPAS Application whether the applicant receives Medicaid Waiver services; and
 - b) review Level I and other information for need for PASRR Level II.
- When a Medicaid Waiver recipient does not need PASRR Level II, the NF:
 - a) may admit the individual after receiving a copy approving NF placement on either:
 - 1) PAS Form 4B (Appendix P); or
 - 2) Medicaid Waiver form, HCBS Form 3: Statement for Freedom of Choice (Appendix S); and
 - b) must notify the IPAS agency of the admission.

NOTE: When the above criteria are met, IPAS should not be completed again. The NF will seek Medicaid reimbursement following directions in Chapter 15.4.

- When a Medicaid Waiver recipient does require PASRR Level II, the NF will:
 - a) not admit the individual; and
 - b) obtain a determination form approving NF placement which is either:
 - 1) PAS Form 4B (Appendix PAS); or
 - 2) Medicaid Waiver Form, HCBS Form 3: Statement for Freedom of choice (Appendix S); and
 - a) immediately notify the IPAS agency to trigger the PASRR Level II assessment.

NOTE: Only the IPAS agency can authorize the CMHC or D&E Team to complete a Level II for the Medicaid Waiver recipient. The Level II will be done for PAS.

15.3.2 IPAS Agency Action

The IPAS agency may find out that a Medicaid Waiver recipient is choosing NF placement from a number of sources: the case manager, the NF, the recipient.

When PASRR Level II is needed, the IPAS agency will:

- a) review and certify need for Level II;
- b) immediately notify the CMHC or D&E Team to complete a PAS Level II;
- c) prepare a case packet containing the following documentation:
 - 1) Application for Long-Term Care Services;
 - 2) PASRR Level I;
 - 3) HCBS Form 3 or HCBS Form 7;
 - 4) PASRR Level II;
 - 5) additional documentation as submitted or necessary;
 - 6) PAS Form 4A;
- c) assure notification of intent to enter a NF is given to the Medicaid Waiver case manager;
- d) submit the case packet to the State PASRR Unit for review and determination; and
- e) finalize the case according to IPAS and PASRR procedures.

Before submitting the case packet, the IPAS agency should make a clear, visible notation on the first page that it is a "Medicaid Waiver case."

When the NF takes a new Application for Long-Term Care Services in error, the IPAS agency will:

- a) mark the Application as "Void;"
- b) return it to the originating NF; and
- c) assure that the NF has a copy of the HCBS form and understands the process for Medicaid Waiver.

15.3.3 Medicaid Waiver Case Manager Action

Although the NF is responsible to assure that Level II is completed within program requirements, the Medicaid Waiver case manager will need to take action to discontinue the Medicaid Waiver services.

The Waiver case manager will:

- a) verify that the recipient is planning to enter the NF;
- b) ascertain proposed length of stay; and
- c) follow Medicaid Waiver procedures to discontinue services and do necessary follow-up.

15.4 NF REQUEST FOR MEDICAID REIMBURSEMENT

Following usual procedures, a NF can request Medicaid per diem reimbursement. When PASRR is required, the NF will receive a PASRR Certification form with the PASRR portion of the IPAS/PASRR determination. Then NF will:

- a) request Medicaid reimbursement in the usual manner;
- b) attach a copy of the:
 - 1) HCBS 3 (instead for the Form PAS 4B); and
 - 2) PASRR Certification form; and
- c) clearly mark the submission to OMPP as, "Medicaid Waiver Services recipient transferring to the NF" or a similar notation.

NOTE: See flow chart for PASRR and Medicaid Waiver on next page.

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